

FO2286999

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Investigator's Log

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Supervisor's Report of Force Form

Investigative Summary

Transcribed Interviews:

- Deputy Sexton
- Deputy Ingersoll
- Deputy [REDACTED]
- Deputy [REDACTED]

Exhibits:

- A- Inmate Illness/Injury Report
- B- Digital photographs depicting Inmate Mencia's injuries
- C- Videotaped Interview of Inmate Mencia
- D- Diagram of un-cuff cell authored by Deputy Sexton
- E- Inmate Reception Center Force Package

Miscellaneous Documents

- Administrative Rights/ Force/Shooting Review Form
- Chiefs Memo
- Correspondence regarding Allegation of Force
- Suspect Consolidated Criminal History

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

A Tradition of Service

DATE: November 4, 2011
FILE NO:

OFFICE CORRESPONDENCE

FROM:  JOSEPH S. HARTSHORNE, COMMANDER
OFFICE OF THE UNDERSHERIFF **TO:** JOSEPH B. NUNEZ, CAPTAIN
INTERNAL AFFAIRS BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS:

Case Number: FO2286999
Incident: Use of Force
Incident Date: February 23, 2011
Unit: Inmate Reception Center
Suspect: Cesar Mencia MH/25
Involved Employees: Deputy James Sexton # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy Taylor Ingersoll # [REDACTED]
Deputy [REDACTED] # [REDACTED]

EFRC Date: October 4, 2011

On October 4, 2011, the Executive Force Review Committee consisting of Commander Joseph Hartshorne, Commander Michael Rothans, and Commander Anthony La Berge met and reviewed the above case. The applicable policies that were evaluated were: MPP 3-01/025.00, Use of Force; Unreasonable Force; and 3-01/050.10, Performance to Standards.

FINDINGS:

The Committee determined that the force used by Deputies Sexton, [REDACTED] Ingersoll, and [REDACTED] was reasonable, necessary, and in compliance with Department Policy. The Committee also determined that the tactics used by the deputies were sound and reasonable.

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information									
URN: 9 1 1 - 0 0 2 0 9 - 5 1 2 0 - 1 4 5					Date: 2/23/11		Time: 2000		
Location:		Inmate Reception Center			City or Station:		Los Angeles		
Bureau/Station/Facility:		Correctional Services Division			Admin. Investigation:		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Type of Force:		Significant Force-Skeletal Fracture							
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
<input type="checkbox"/> Call		<input checked="" type="checkbox"/> Observation		<input type="checkbox"/> Detail		<input type="checkbox"/> Foot Pursuit		<input type="checkbox"/> Vehicle Pursuit	
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified:		Lt. Montez		Emp: [REDACTED]		IAB Roll Out: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Involved Employee									
E1	Employee #		Last Name		First Name		Middle Name		
	[REDACTED]		Sexton		James		M.		
	Sex:		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		White		Custody Investigative Services		Gang Investigator		
	Shift:		<input checked="" type="checkbox"/> Regular Shift		<input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Weight:
<input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM						[REDACTED]		509	180
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated		<input type="checkbox"/> Admitted		Hospital: U.S. Health Works		Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E2	Employee #		Last Name		First Name		Middle Name		
	[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		
	Sex:		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		O		Inmate Reception Center		Booking Front		
	Shift:		<input checked="" type="checkbox"/> Regular Shift		<input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Weight:
<input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM						[REDACTED]		[REDACTED]	[REDACTED]
<input type="checkbox"/> Injured <input type="checkbox"/> Treated		<input type="checkbox"/> Admitted		Hospital:		Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E3	Employee #		Last Name		First Name		Middle Name		
	[REDACTED]		Ingersoll		Taylor		L.		
	Sex:		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		White		Inmate Reception Center		Booking Front		
	Shift:		<input checked="" type="checkbox"/> Regular Shift		<input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Weight:
<input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM						[REDACTED]		600	200
<input type="checkbox"/> Injured <input type="checkbox"/> Treated		<input type="checkbox"/> Admitted		Hospital:		Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
<input type="checkbox"/> Additional Involved Employees									
On Duty Supervisor									
Emp. #		Last Name		First Name		Middle Name		Rank	
[REDACTED]		Peterson		James		C.		Sgt.	
Present		Witness to Incident		Present		Witness to Incident			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Emp. #		Last Name		First Name		Middle Name		Rank	
[REDACTED]									
Watch Sergeant									
Emp. #		Last Name		First Name		Middle Name			
[REDACTED]									
Watch Commander									
Emp. #		Last Name		First Name		Middle Name			
[REDACTED]		Saunders		Gregory					

Lieutenant Gregory Saunders

Watch Commander (Print Name)

Sergeant Brenda Parker

Supervisor Completing Form: (Print Name)

Captain Gerald Cooper

Unit Commander (Print Name)

DISCOVERY Use Only

FO#

Watch Commander's Signature:

Emp #:

Date

Emp #:

Copy Provided to Employee by:

Emp #:

Unit Commander's Signature:

Emp #:

Date

Original: Discovery Unit
Copy: Unit Commander

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation
9 1 1 - 0 0 2 0 9 - 5 1 2 0 - 1 4 5

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Involved Employee										
Employee #	Last Name	First Name				Middle Name				
E 4	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: White		Unit of Assignment: Inmate Reception Center		Work Assignment (Unit #, Module, etc.): Booking Front			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: [REDACTED]		Weight: [REDACTED]	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Height:		Weight:	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Height:		Weight:	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Height:		Weight:	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:		Height:		Weight:	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	

Supervisor's Report on Use of Force SUSPECT INFORMATION

9 1 1 - 0 0 2 0 9 - 5 1 2 0 - 1 4 5

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S 1

Suspect Information																	
Last Name		Mencia		First Name		Cesar		Middle Name		M.							
AKA Last Name		Mancilla		First Name		Cesar		Middle Name									
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	H	Street Address:		City:		State & Zip Code:									
Work Phone:		Home Phone:		Age:	25	Height:	600	D.O.B.	07/04/85	Weight:	180	Armed?	<input type="checkbox"/>				
Booking #:	2652415		Primary Charge Code:		69 PC		Secondary Charge Code:		243(b) PC		Criminal History						
EMT in attendance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____																	
Hospital Admission? <input checked="" type="checkbox"/> Rec'd Treatment At: <u>Los Angeles County Medical Center</u> Coroner Case #: _____ Mental History <input type="checkbox"/>																	
By Doctor: <u>Kim</u> Address: <u>2051 Marengo St., L.A., CA 90033</u> Phone #: <u>(323)409-4563</u>																	
Under Influence: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Substance: <u>marijuana, cocaine, methamphetamine</u> Mental Illness <input type="checkbox"/>																	
Suspect Interview																	
Date:				02/23/11		Time:		2130		Audiotape:		<input type="checkbox"/>	Videotape:	<input checked="" type="checkbox"/>	Photos of Injuries:		<input checked="" type="checkbox"/>

S _____

Suspect Information																	
Last Name				First Name				Middle Name									
AKA Last Name				First Name				Middle Name									
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:									
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Weight:		Armed?	<input type="checkbox"/>				
Booking #:			Primary Charge Code:				Secondary Charge Code:				Criminal History		<input type="checkbox"/>				
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____																	
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: _____ Coroner Case #: _____ Mental History <input type="checkbox"/>																	
By Doctor: _____ Address: _____ Phone #: _____																	
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: _____ Mental Illness: <input type="checkbox"/>																	
Suspect Interview																	
Date:						Time:				Audiotape:		<input type="checkbox"/>	Videotape:	<input type="checkbox"/>	Photos of Injuries:		<input type="checkbox"/>

S _____

Suspect Information																	
Last Name				First Name				Middle Name									
AKA Last Name				First Name				Middle Name									
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:									
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Weight:		Armed?	<input type="checkbox"/>				
Booking #:			Primary Charge Code:				Secondary Charge Code:				Criminal History		<input type="checkbox"/>				
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____																	
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: _____ Coroner Case #: _____ Mental History <input type="checkbox"/>																	
By Doctor: _____ Address: _____ Phone #: _____																	
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: _____ Mental Illness: <input type="checkbox"/>																	
Suspect Interview																	
Date:						Time:				Audiotape:		<input type="checkbox"/>	Videotape:	<input type="checkbox"/>	Photos of Injuries:		<input type="checkbox"/>

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION
9 1 1 - 0 0 2 0 9 - 5 1 2 0 - 1 4 5

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Employee Witnesses					
Emp. #	Last Name	First Name	Middle Name		
Emp. #	Last Name	First Name	Middle Name		
Emp. #	Last Name	First Name	Middle Name		
Emp. #	Last Name	First Name	Middle Name		
Emp. #	Last Name	First Name	Middle Name		
Emp. #	Last Name	First Name	Middle Name		

Non-Employee Witnesses					
Last Name	First Name	Middle Name	Age	D.O.B.	
		Bkg #	32		
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name	Age	D.O.B.	
		Bkg #	31		
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name	Age	D.O.B.	
		Bkg #	32		
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name	Age	D.O.B.	
		Bkg #	34		
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name	Age	D.O.B.	
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name	Age	D.O.B.	
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name	Age	D.O.B.	
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name	Age	D.O.B.	
Street Address	City	Zip Code	Work Ph.	Home Ph.	

9 1 - 00209 - 5120 - 145

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Body Part Injured

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis	(AD) Abdomen	(FA) Face	(HI) Hip
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound	(AK) Ankle	(FE) Feet	(IN) Internal
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage	(AR) Arm	(FI) Fingers	(KN) Knees
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists	(BK) Back	(GE) Genitals	(LE) Leg
(CO) Concussion	(LC) Lacerations	(UN) Unconscious	(BT) Buttocks	(GR) Groin	(NK) Neck
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment	(CH) Chest	(HD) Hands	(NO) Nose
(DI) Dislocation	(OD) Organ Damage	(NN) NONE	(EL) Elbow	(HE) Head	(SH) Shoulder
					(WR) Wrist

[illegible]